

Worksheet 2**CONTACT INFORMATION**

CONTRACTOR	
Agency Name:	
Signatory Name and Title:	
Mailing Address:	
Telephone:	Fax:
Federal ID:	Email:

CONTRACT LIAISON (person who is primary contact for any contract information)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

FINANCIAL REPORTER (Expenditure Reports)	
Name and Title:	
Address:	
Address to Mail Reimbursement:	
Telephone:	Fax:
Email:	

LEAD PUBLIC HEALTH OFFICIAL/CEO/AGENCY DIRECTOR	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

WIC DIRECTOR	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

BF COORDINATOR	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

TRAINING COORDINATOR	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

LOCAL AGENCY RETAIL COORDINATOR (LARC)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

REGISTERED DIETICIAN (RD)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

Please keep the state WIC office updated on all changes throughout the year

MAIN CLINIC INFORMATION	
Address:	
Mailing Address (if different):	
Telephone:	Fax:
Email:	
Days of Operation:	Hours of Operation:

SATELLITE/OUTLYING CLINIC INFORMATION (Provide Address, Telephone & Days/Hours of Operation for each site)	

Budget Packet worksheets have been prepared by:

Preparer Signature

Date

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